DECLARATION AND POWER GF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

plural names are listed below) of the su	bject matter which	n is claimed a	nd for which a patent is sou	ght on the ir	nvention er	ntitled:	
Hinge assembly for the art	ciculated cor	nnection o	of a vertically ope	ning pan	el to a		
furniture element			·				
the application of which is attached hereto	OR	was filed on 8 October 2004 as United States Application Number or PCT International Application Number PCT/EP04/11434, (Confirmation No), and was amended on (if applicable).					
I hereby state that I have reviewed and by any amendment specifically referred	i to above.						
I acknowledge the duty to disclose continuation-in-part application(s), mathe national or PCT international filing	terial information date of the contin	i which becan luation-in-par	t application.	ing date of	the prior a	appirounion una	
I hereby claim foreign priority benefits or plant breeder's rights certificate(s), than the United States of America, lis patent, inventor's or plant breeder's rig application on which priority is claime	or 365(a) of any ted below and hat this certificate(s),	PCT internat	fied below, by checking th	e box, any	foreign ap	plication(s) for	
			7 . P D		Priority Cl	laimed No	
Prior Foreign Application Number(s)	Cour	ntry	Foreign Filing Date		Yes K		
MI2003A001950	ITAL	.Y	10 October 200)3	E21		
I hereby claim domestic priority beneft States provisional application(s), or § insofar as the subject matter of each International application in the manner to disclose any information material the filing date of the prior application and	365(c) of any PC h of the claims or r provided by the or the patentability	I Internationa of this applic first paragrapy of this appli	at application(s) designating attention is not disclosed in a solution of Title 35, United States cation as defined in 37 C.F.	a listed price Code, §112 C.R. 1.56 wh	or United 2, I acknow	States or PCT wledge my duty	
Prior U.S. or International Application	Number(s)	U.S. or L	nternational Filing Date	·	Statt	ıs	
I hereby appoint all attorneys of SUC my attorneys to prosecute this applic therewith, recognizing that the specif discretion of Sughrue Mion, PLLC, a the same USPTO Customer Number.	ation and to trans	sact all busing	Customer Number may be conce about the application be	hanged from	m time to	time at the sole	
			11 ISBBS (111 ISB)				

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PATENT TRADEMARK OFFICE

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVE	NTOR:					
Given Name (first and middle [if any])		Family Name or Surname MIGLI				
Inventor's Signature Rock Migh		Date 6		6 February 2006		
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City Lecco	State	Zip I-23900 Country Italy		Country Italy		
NAME OF SECOND INVENTOR:						
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature		Date				
Residence: City	State	Country		Citizenship		
Mailing Address:			·			
City	State	Zip		Country		
NAME OF THIRD INVENTOR:				<i>3</i>		
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature			Date			
Residence: City	State	Country Citizenship		Citizenship		
Mailing Address:				1		
City	State	Zip Cou		Country		
NAME OF FOURTH INVENTOR	₹:					
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature		Date				
Residence: City	State	Country		Citizenship		
Mailing Address:						
City	State	Zip		Country		
NAME OF FIFTH INVENTOR:		1				
Given Name (first and middle [if any])		Family Name or Surn	ame			
Inventor's Signature		Date				
Residence: City	State	Country Citizenship		Citizenship		
Mailing Address:						
City	State	Zip		Country		